

# SOUTH DAKOTA CERTIFIED FIREFIGHTER COURSE

## NFPA 1001, 2008 Edition

|                                         |                           |
|-----------------------------------------|---------------------------|
| STUDENT NAME                            | DRIVERS LICENSE NUMBER    |
| COMPLETE MAILING ADDRESS & PHONE NUMBER | FIRE DEPARTMENT OR AGENCY |

| UNIT I - CLASS ATTENDANCE           |      | UNIT II - CLASS ATTENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|-------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| NIMS/ICS I 100-200-700*             | DATE | HOSE & APPLIANCES*                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE |
| COMMUNICATIONS*                     | DATE | PUBLIC EDUCATION*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE |
| SAFETY *                            | DATE | RESCUE & EXTRICATION*                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE |
| FIRE BEHAVIOR *                     | DATE | SALVAGE & OVERHAUL or LOSS CONTROL*                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE |
| EXTINGUISHERS*                      | DATE | FIRE CAUSE*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE |
| PERSONAL PROTECTIVE EQUIPMENT *     | DATE | HAZMAT OPERATIONS(optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE |
| S.C.B.A. *                          | DATE | CPR*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE |
| ROPES & KNOTS*                      | DATE | BUILDING CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE |
| FIRE CONTROL/FIRE SUPPRESSION*      | DATE | INFECTION CONTROL<br>BLEEDING CONTROL &<br>SHOCK MANAGEMENT *                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE |
| FORCIBLE ENTRY*                     | DATE | <div style="text-align: center; margin-bottom: 10px;">UNIT I WRITTEN TEST RESULTS</div> TEST DATE _____ PASS (Y or N)<br><br>RE-TEST DATE _____ PASS (Y or N)<br><br><div style="text-align: center; margin-bottom: 10px;">UNIT II WRITTEN TEST RESULTS</div> TEST DATE _____ PASS (Y or N)<br><br>RE-TEST DATE _____ PASS (Y or N)<br><br>FULL CERTIFICATION (Y or N)<br><br>FIRE GROUND SUPPORT (Y or N)<br><br>STAFF SIGNATURE:<br><br><div style="text-align: right;">_____ date _____</div> |      |
| GROUND LADDERS*                     | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| VENTILATION*                        | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| WATER SUPPLY*                       | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| FIRE DETECTION & SPRINKLER SYSTEMS* | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| FIRE STREAMS/ATTACK & FOAM*         | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| HAZARDOUS MATERIAL AWARENESS *      | DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |

**\*Classes required to be completed prior to being able to participate in any live Training per NFPA 1403**

## PERFORMANCE COMPETENCIES

|                                                                                                                                                                                         |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| While wearing full PPE demonstrate proficiency in the operation of SCBA while conducting a search in a smoke filled or visibility obscured structure. (Smoke machine or simulated IDLH) | DATE |
| Given a selection of portable extinguishers, demonstrate extinguishment of an actual incipient stage class A, B, or C fires                                                             | DATE |
| Given rope and a 24' ladder, raise and extend ladder and hoist a tool.                                                                                                                  | DATE |
| Using simulation, force entry through two type of doors, two types of windows and a wall or floor                                                                                       | DATE |
| Horizontally ventilate a building using positive and/or negative pressure ventilation                                                                                                   | DATE |
| Connect a fire department pumper to a fire hydrant and operate the hydrant                                                                                                              | DATE |
| Connect a fire department pumper to static water supply                                                                                                                                 | DATE |
| Unload and carry hose up a stairway and/or ladder.                                                                                                                                      | DATE |
| Working as a member of a team, extricate a victim from a vehicle                                                                                                                        | DATE |
| As a member of a firefighting team, in full PPE and SCBA, participate in the control of a live fire.                                                                                    | DATE |

To be signed by student on completion of all skills.

Signed \_\_\_\_\_ Date \_\_\_\_\_

To be completed by a Certified Instructor:

I, the undersigned certify that all performance competencies above were accomplished by the student.

Signed \_\_\_\_\_ Date \_\_\_\_\_

FIRE CHIEF

Signed \_\_\_\_\_ Date \_\_\_\_\_

- **STUDENT IS TO BRING COMPLETED, SIGNED CARD FOR TESTING.**

**Must be 18 years or older prior to participation in performance competencies or practical testing**